

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

|                          |  |                                    |  |
|--------------------------|--|------------------------------------|--|
| 1 Date of Request: _____ |  | 2 Serial/Patent # <u>10/523805</u> |  |
|--------------------------|--|------------------------------------|--|

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---------------------------------------|----------------|--------------|----------|
| Filing                                | 1              | 09 Feb 05    | \$ 500   |
| Amendment                             |                |              | \$       |
| Extension of Time                     |                |              | \$       |
| Notice of Appeal/Appeal               |                |              | \$       |
| Petition                              |                |              | \$       |
| Issue                                 |                |              | \$       |
| Cert of Correction/Terminal Disc.     |                |              | \$       |
| Maintenance                           |                |              | \$       |
| Assignment                            |                |              | \$       |
| Other                                 |                |              | \$       |

|                                                                         |                                                                                            |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | 7 TOTAL AMOUNT OF REFUND<br><div style="text-align: right; font-size: 1.2em;">\$ 500</div> |
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|                                                                                    |                                                                                              |
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| 10 REASON: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | 8 TO BE REFUNDED BY: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
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| <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Overpayment                 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Duplicate Payment                 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> No Fee Due (Explanation): _____                 </div> | <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Treasury Check                 </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Credit Deposit A/C #:                 </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">                     9    <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">2</span> <span style="border: 1px solid black; padding: 0 5px;">--</span> <span style="border: 1px solid black; padding: 0 5px;">4</span> <span style="border: 1px solid black; padding: 0 5px;">8</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> </div> |
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| 11 REFUND REQUESTED BY: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
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|                               |                                  |
|-------------------------------|----------------------------------|
| TYPED/PRINTED NAME: _____     | TITLE: <u>Paralegal</u>          |
| SIGNATURE: <u>[Signature]</u> | PHONE: <u>7033089140 Ext 214</u> |
| OFFICE: _____                 |                                  |

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APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

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